

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09/1654153 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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48	/		/			
49	/		/			
50	/		/			
TOTAL IND.	6		6			
TOTAL DEP.	51	50				
TOTAL CLAIMS	57	56				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/			/			/	
52	/			/			/	
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TOTAL CLAIMS								